_COUNTY, MISSOURI

Judge or Division:	Case Number:		
Petitioner:	Petitioner's Address:		
SSN: vs.			
Respondent:	Respondent's Address:		
SSN:		(Date File Stamp)	
Response to Motion for Family Access Order			
I,, state that:			
(Your Name)			
(Check each box that applies)	tody, visitation or third party custody under the judg	ement of dissolution	
legal separation or modification.			
☐ I had good cause to deny or interfere with custody, visitation or third party custody under the judgment of dissolution, legal separation or modification.			
I am without knowledge or information to admit or deny the facts stated to be a violation of the judgment of dissolution, legal separation or modification.			
(Please provide the specific facts, including dates and times, which show compliance or good cause for noncompliance with the court's judgment.)			
☐ I request to participate in Alternative D the Motion for Family Access Order.	Dispute Resolution to assist in resolving the problem	s that caused the filing of	
•	that these facts are true to my best knowledge and b	pelief.	
Date	Your Signatu	Your Signature	
	Your Street Address		
	City	State Zip	
	Your Telephone N		
Instructions			
Upon completion, send the original of this Response to the Circuit Clerk of			
County, Missouri at		(address) and a copy to the	
person who filed the Motion for Family Access Order. Please keep a copy of this Response to bring with you to any			
scheduled hearing or alternative dispute re	esolution.		

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